

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000053829

1. Entity Name

MAINTAIN LIMITED LIABILITY COMPANY



Principal Place of Business
**420 E LINCOLN AVE
MELBOURNE FL 32901
US**

Mailing Address
**PO BOX 510015
MELBOURNE BCH. FL 32951
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
03-0534334

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'MALLEY, MICHAEL J OWNER
5175 PALMETTO DRIVE
MELBOURNE BCH. FL 32951**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

4-4-08

Signature typed or printed name of registered agent and fee. If applicable.

NOTE: Registered Agent's signature required when constituting.

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **O'MALLEY, MICHAEL J SR.**
STREET ADDRESS **5175 PALMETTO DRIVE**
CITY- ST- ZIP **MELBOURNE BCH. FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **000000885349
04/18/08-80030-023 138.75**

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

4-4-08 (321) 729-8713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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